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The Advisory Committee on Venereal Diseases for Military District No. 2

BY MAJOR J. G. FITZGERALD.

Chairman.

THE Advisory Committee on Venereal Diseases for Military District No. 2 was formed on August 8th, 1917, with aims and objects similar to those which led to the organization in November, 1914, in Great Britain, of a National Council for Combatting Venereal Diseases. These objects were, in a general way:—

- (1) *Educational*: To provide information of an accurate and trustworthy character, with reference to the prevalence of venereal diseases, the sources of infection, modes of transmission, and methods available for controlling them.
- (2) To stimulate an interest in these questions, by means of a widespread publicity campaign through newspapers, journals, etc.
- (3) To co-operate with other agencies already existing, such as the National Council of Women, the I.O.D.E., the Y.W.C.A. and Y.M.C.A., in order that certain measures might be taken by them to aid the military and civilian authorities in their efforts to lessen the ravages of venereal diseases.
- (4) To recommend the adoption of any legislation which would likely prove effective in controlling sources of infection, provide for early diagnosis and treatment, and the elimination of quack advertising, and prevent other than duly qualified physicians treating cases of venereal diseases.
- (5) To recommend for general use literature suitable for educational purposes, dealing with different aspects of the venereal disease question.
- (6) To emphasize the fact that the man-power of the country available for military service is constantly in danger of being weakened, because of the fact that the sources of infection are chiefly civilian, and uncontrolled, whereas the cases of venereal disease in the military population are known, are vigorously treated, and are not given an

The above and succeeding papers constitute the reports of the Advisory Committee on Venereal Disease for No. 2 Military District and its Sub-Committees. They were read at a special meeting of Toronto Academy of Medicine held on January 24, 1918.

opportunity to spread infection, because of the careful oversight exercised in the army.

To best carry on the variety of purposes above outlined, sub-committees to deal with the Medical Features, Legal Aspect, Quack Advertising, Education and Publicity, and Women's Activities, were formed. The conveners of these various committees are here to-night, to outline the scope of the activities of their various sub-committees.

In the last two or three years, chiefly owing to the fact that adequate laboratory facilities have been provided, for diagnosis, there has been a considerable increase in our knowledge as to the incidence of syphilis and gonorrhoea; this is especially true of syphilis. Estimates based on the percentage of positive Wassermann reactions obtained in the examinations of blood from patients in general hospitals, have been made by a number of observers. None of these statistics can be applied generally to the community at large, nor do they give us any real idea of the incidence of gonorrhoea. If we say that it is estimated that from 6 to 10% of all patients undergoing treatment, in a general hospital, have syphilis, or positive Wassermann reactions, and that we may make an estimate of the relative frequency of syphilis and gonorrhoea, we have briefly summarized the actual knowledge available at the moment. All are agreed that venereal diseases are widespread, cause much suffering and sickness, and according to Osler, syphilis ranks third amongst the killing diseases.

This committee, at the time of its formation, was the expression, on the part of the proper military authority, of a desire, to have conditions in civilian life so adjusted that the number of enlisted men, rendered unfit for service as a result of infection contracted while away from their units, might be reduced to the lowest possible point. It was further a concrete indication, that civilian and military progress, in dealing with the questions, should proceed at the same pace, in order that most effective progress might be made. Incidentally, as has been publicly stated, on several occasions, and as can be proven, as far as available statistics from laboratory examinations may be taken as proof, that the soldier portion of our population, with all cases of syphilis known, is not as great a menace as the civilian population, with many cases not known. However many, it is well to remember that we are Canadians, whether civilians or soldiers, and that undesirable conditions affecting the health and social welfare of any section or portion of the population, is the concern of all. Let us, therefore, consider in outline some constructive measures for improving present-day conditions. Before doing so, it may be noted that the argument is sometimes advanced that too much weight has been attached to the social aspect of the venereal disease question. It was precisely because, in the judgment of those

familiar with the seriousness of the situation, that such an opinion was unjustified, and not in harmony with the attitude adopted elsewhere; that this committee has laid especial emphasis on the need for the very heartiest co-operation of all agencies in the community, working in the interest of social welfare, and for improvement in the standard of the public health.

Some concrete suggestions as to how improvements may be brought about may be included under two headings:

(1) *Educational.* Education of the lay public and of the medical profession, the practising physicians and those on the staffs of hospitals where cases may be sent for treatment. In New York State, in Oregon, and elsewhere, instruction of physicians is to be undertaken, by means of circulars and bulletins, emphasizing the need and value of laboratory aids in diagnosis and in following the progress of the patient under specific treatment. It is also proposed to hold clinics and demonstrations, where physicians may become familiar with and expert in the treatment of these diseases. To provide treatment for those who cannot afford to pay even a small sum for such treatment. To urge local municipalities to provide adequate facilities, such as hospital beds and special clinics, and through legal boards of health, establish centres of influence for a continuous effort along the lines of education of the public.

Instruction of the public may be given by physicians to their patients who are suffering from venereal disease. Circulars, bulletins, cards, etc., should be distributed to the general public by health officers, physicians, nurses, especially those engaged in social service work, and those in charge of public institutions, where cases of venereal disease are cared for. Public lectures and meetings for the lay public should be given under the auspices of health departments, and social agencies by physicians qualified to deal with these questions. The use of newspaper articles, editorials, and articles in lay publications is advised. Moving-pictures have also been used widely in educational campaigns. Lastly, through social service nurses, it should be possible to advise the wives and children of all men and the husband and children of women who are found to be suffering from syphilis or neuro-syphilis in penal institutions, hospitals for the insane, etc., to have the Wassermann reaction done and to take treatment if they react positively. Physicians should advise all their patients who have gonorrhoea or syphilis that anyone whom they might have infected should consult a physician and have the necessary laboratory examinations made so that all such possible secondary cases may be brought under treatment at the earliest possible moment.

In conclusion, it seems to me that the opportunity which Professor Stephen Leacock has seen in reference to other problems with which

we are endeavoring to grapple, so that the more than ninety per cent. of clean young Canadians who are fighting our battles may realize that everything possible is being done by those of us remaining here. Leacock says:—

“Here, then, is the opportunity and the task before us. The democratic nations, and ours amongst them, will emerge from the present conflict with a new faith in the possibilities of free government if inspired by freedom. Our men who return from the war will come to us with eyes that have seen things as they are, that have looked steadfastly in the face of death, that have seen and known real greatness, and cannot be deceived by the tawdry glory of wealth. We must see to it that we make for them a future Canada worthy of their patriotism and worthy of the monuments that shall mark in distant lands the resting places of those whose sacrifice is complete and who shall come to us no more.”

The Military Aspect

BY CAPTAIN GORDON BATES.

General Secretary.

I TAKE it that the most important obligation which the military organization has taken upon itself in regard to the venereal disease situation has been to emphasize the prevalence and seriousness of venereal diseases in the civil population. The first essential in the army is to have a good fighting machine. This means a maximum of available man-power and a minimum of waste. In other words every man must be kept in as good physical shape as possible and as many physically fit men as possible kept in the ranks. Therefore, disease must be carefully sought for and vigorously attacked. The first thing the army discovered in regard to venereal diseases was that a large percentage of the civilians whom they were putting into uniform were venereally infected. It immediately became our duty to see that as far as possible these diseases should be eliminated among the men, who, now in uniform, were our charge. I am going to tell you something about the methods which have been adopted in this district.

First of all because we know how prevalent venereal diseases are, a weekly inspection is made of all troops for the detection of these diseases. Every man found infected is immediately sent to the hospital and as far as possible kept there until he is cured—a procedure which has its value in that he cannot be a source of infection for others, either military or civilian, during the time of his infection. This alone tends to cut down further infections among the civilian population. Further, every infected soldier on entering the hospital is handed a card informing him as to the dangerous character of his disease, impressing on him the importance of treatment until cured, and warning him that he must not marry until he is cured. Most of us I presume are beginning to know something about the number of women who are innocently infected by venereally infected husbands who have imagined themselves free from disease. It is the aim of the military authorities first of all to attempt as far as possible to absolutely prevent venereal disease in the army; secondly, in the case of men who are infected, to discharge them free from disease, possessed of knowledge of an educational value. I need scarcely point out that practically no organized effort with ends of this character in view has been made in this country among the civilian population.

Something as to educational methods in the ranks. First, every soldier is given a card on enlistment setting forth the dangers of venereal disease and warning him to keep free of it. This card he must keep with him. Next, all medical officers give periodic lectures on the same subject to the men in their charge. Through the co-operation of the National Council of the Y.M.C.A. we expect to soon have a series of exhibits and lantern slides on the subject and within the last week or two we have received permission from the Provincial Treasurer to use the film play "Damaged Goods" for educational work among troops. I must say that the troops do not need such education any more than their fellows in civilian life.

In addition to this, for men who refuse to be guided by their medical officers, medical prophylaxis is provided as a direct preventative. That is, men who, notwithstanding all advice, insist on exposing themselves to venereal infection are required to report within eight hours to their medical officer for treatment. The result of such action may be demonstrated in the fact that out of over 1,000 men who have reported according to directions during the last year not a single one developed venereal disease.

Details as to all of these activities are included in weekly reports to the A.D.M.S., and as a result we are in a position to know exactly how much venereal disease we have and where it is coming from. Monthly reports as to the venereal disease found in the various units in this district are issued to each unit so that every unit will know the work that each other unit is doing.

The result of the various educational and other methods in vogue has been a low venereal disease incidence. This may be illustrated by the following figures:—

		Number of men.	Cases developed.	Percentage 4 weeks.	Estimated Perc. year.
4 weeks ending	Sept. 30, 1917.....	13,072	132	1.00	13.00
4 " "	Oct. 27, 1917.....	12,394	117	.94	12.22
4 " "	Nov. 24, 1917.....	13,185	91	.69	8.97
4 " "	Dec. 22, 1917.....	12,775	79	.62	8.06

Of the men who actually were found to have venereal disease a large percentage were found to have developed their infection previous to entering the army. How large this is I am at present unable to say. We are developing a special system of reports to cover the question and I am sure that when we have complete figures it will be found that the percentage of men who develop venereal disease after entering the army is exceedingly small.

I want to compare the figures I have just given you with the figures obtained among men recently drafted in Toronto. From January 3rd to January 17th among 1,400 men examined exactly 49 venereal cases were found. I would point in passing that if this rate were kept up for a year among 1,400 men no less than 1,274 cases would develop. If our December venereal disease incidence among enlisted men were to persist for a year we would develop among 14,000 troops 1,125 cases, or 149 cases less. Or in other words the amount of venereal disease among draftees who are practically members of the civilian population is just ten times what it would be in a body of troops of equal number.

Another figure of interest is the amount of syphilis among men returned from the front. I cannot give you the figure to-night, but I am able to state definitely that the percentage of syphilis is less than the 12% figure given by Dr. Detweiler as existing in the wards of Toronto General Hospital in the first three months of 1917, and again the vast majority of infected men coming from overseas are discovered by means of a routine Wassermann and would not have been discovered otherwise. In other words they were infected before they entered the army at all.

It is perhaps superfluous for one to say that the source from which soldiers receive their infection—whether before or after entering the army—is invariably a member of the civilian population of the country. It was a realization of the fact that the very large amount of venereal disease in the civil population was practically uncontrolled and would continue to be a source of infection that made us realize that no plan which we might evolve for the control of the situation would be complete unless we made some effort to control the source of infection. With this idea in view a so-called social case sheet was evolved for use at the Base Hospital. By its means each infected soldier was questioned as to the woman from whom he received his infection. We obtained the name and address of a number of these infected women and were able to persuade a number of them to take treatment. In some of the more flagrant cases the aid of the police was invoked. We hope that the City of Toronto will appoint a specially qualified nurse to assist with this class of case.

Just as important as the discovery of these concrete cases were the facts we were able to elicit from men questioned. We were able to get definite information as to the women conveying infection on Toronto streets as well as information in regard to infections outside of Toronto.

Among three hundred and eighty-six men who had been questioned up to September 15th, 1917, 256 were infected in Ontario and out of these 199 were infected in Toronto. Many of the cases came from rural Ontario. In fact the number of country towns in which foci of infection existed was amazing.

We were able to come to certain conclusions as to the social conditions surrounding infections in Toronto, Hamilton and other cities from the stories told to us on social case sheets. For instance from men infected in Montreal we have the recital of details of the most flagrant and vicious prostitution of such a degrading character that I cannot describe them in this paper. That we found no evidence of what might be called organized vice in Toronto is much to the credit of our energetic police department.

Yet we cannot say that our skirts are clean. While there may be no organized vice in Toronto, yet we know that venereal disease is contracted in Toronto, and the personal stories of infected men gave us details of a shocking character as to life in certain districts in the city. It is true that while hundreds of young women, from causes which we as a community have within our control, are nightly ready to sell themselves on the streets of Toronto and other Ontario cities, as many of our young men are ready to aid and abet them. In other words, clandestine prostitution is only too common in Toronto. I am speaking frankly, but when one discovers a cancer the knife is the only remedy, and this venereal disease question is the foulest of cancers eating into our modern social organization.

We discovered, among other things, the types of women involved, their occupation, the amount of money paid over to them—details of the utmost importance if we are to discover causes and attempt to eliminate them.

I believe that of all classes in the community the one that is most protected against venereal disease is the soldier. Public health methods—education, inspection, quarantine, compulsory treatment—on these four factors we rely to do away with venereal disease in the army. The statistics we have gathered so far prove conclusively that there is less venereal disease among returned soldiers than there is among a similar class of men in civilian population, that the average soldier is less likely to have venereal disease than the average civilian walking the streets of Toronto.

It is because of the fact that in this district this fact was realized that we came to the conclusion that wide civilian co-operation was necessary if we were ever to hope to stamp out venereal disease in the army. Because of that and because we also realized that work begun now as a war measure would be found absolutely essential as a peace measure, the Advisory Committee on Venereal Diseases was formed. We feel that it and the movement it represents bespeaks the support of this whole community.

I may add that the appointment of an officer in charge of venereal diseases has been authorized for each military district, and that through

these appointments we have the framework of machinery which may well be utilized to attack this question all over Canada. In the army we have an organization already. I would point out that any civilian committees which are brought together as in Toronto will probable remain together after the war, and will prove a valuable means of stimulating public opinion and obtaining necessary Dominion and Provincial legislation.

What we ask now is that the methods of education and treatment used in the army be copied in the civilian population as far as they are practicable. There is something else, however, which should not be lost sight of.

The social causes of venereal diseases are deep-rooted in the organization of society, but they are becoming more and more clearly defined. I have heard the venereal disease problem called the greatest lever for social reform which has been given us. In view of the great seriousness of its social, medical and economic results there seems to be some truth in the statement.

We are looking at the subject now with a view to applying what may be called purely public health methods. Let us continue to do so, but let us give public health its widest possible interpretation. We have statistics for instance which I think prove that the elimination of alcohol means the cutting down of venereal disease incidence. Therefore, the elimination of alcohol from a community must be a public health triumph.

Let us go farther. The feeble-minded are a distinct factor in the production of venereal disease and in Ontario practically nothing has been done to control this extremely dangerous class. Again, undoubtedly, late marriage is a factor. The evidence for this lies in the fact that most venereally infected adults, aside from the innocently infected, are unmarried—and early marriage is a rarity. Again, the refinement of a good home and careful up-bringing—including *home-taught* sex education—is perhaps the greatest deterrent of all. How many times have I heard the expression, "Had I only known what I was doing," on the lips of infected men. Unfortunately, refinement and careful home-training are not the lot of the many, but of the few, and for many of our young people poor education, the cheap downtown boarding house, cheap amusements, cheap friends, bring with them only their natural consequences.

You will say, perhaps, that I have wandered far afield. But in discussing this great modern problem one must wander far afield. And also in applying basic remedies we must wander far afield. Some remedies, as I have suggested, we have ready to hand. These, let us apply at once. Yet let us not forget those other and greater remedies which remain.

The Sub-Committee on Women's Activities

BY MRS. L. A. HAMILTON
Convener.

THE Women's Activities Committee has, up to the present, considered the question of venereal diseases from two angles—constructive and preventive.

On the constructive side, recognizing general ignorance, false modesty, or wrong standards in various classes as a large factor, they have undertaken an educational campaign which expresses itself in the terms of the following resolution, and the subsequent action regarding literature:

"Whereas the members of the Sub-Committee on Woman's Activities feel it is necessary to instruct or educate to some extent the fathers, mothers, school children, young women, young men, and the public in general in as pure, delicate and beautiful a way as possible on matters of sex and also in the danger of venereal disease, we have made a selection of literature, each leaflet with a specific objective, which it would be our intention to have distributed through the medium of the various organizations considered most suitable to reach the people for whom each leaflet is selected. With this objective a complete sample packet of the literature was selected."

This recommendation led to a joint meeting of the Sub-Committee on Women's Activities, and the Sub-Committee on Education, which resulted in the choice of seven leaflets:

"Social Aspects of the Venereal Disease Problem"—By Dr. Gordon Bates.

"Report of General Hospital"—By Dr. Clarke.

"Sexual Hygiene for Young Men"—By New York Social Hygiene Association.

"Ontario Board of Health Bulletin"—On Venereal Diseases.

"Open Letter to Parents"—obtainable from W.C.T.U., Toronto.

"The Body and How to Protect It"—Talks with a Child, obtainable from W.C.T.U. Publishing Co., Evanston, Ill.

"Hands Off"—For Young Girls, obtainable from W.C.T.U. Publishing Co., Evanston, Ill.

With the discussion *re* this literature the ever-recurring question of financing this undertaking once more presented itself, and it was decided it would be absolutely necessary to reduce the selection of literature

which had been made, and with much regret we had to leave the "Report of the General Hospital" by Dr. Clarke from our list, feeling that it was the most expensive leaflet among the selection, until such time as we were in a better financial position.

It was finally decided that our Committee go ahead with this work and to trust to the generosity of interested friends to help out financially.

From correspondence with Mr. Putnam, of the Women's Institutes, we learn that he is asking a committee to deal with this question among their members, so we have left them from our lists, which include the following:

National Councils of Women in Military District No. 2.

Daughters of the Empire in Military District No. 2.

Woman's Christian Temperance Unions in Military District No. 2.

Patriotic Societies of Women in Military District No. 2.

Women's Organization in Presbyterian, Anglican, Methodist, Baptist, Catholic, and Jewish Churches, in Military District No. 2.

Y.W.C.A. in Military District No. 2.

Girl Guides in Military District No. 2.

Woman's Suffrage in Military District No. 2.

And others in Military District No. 2.

We sincerely hope by the help of God our effort may be blessed, and that the results may far exceed our most sanguine expectations, that our people, particularly our women, may shake off their indifference toward this great question, and the terrible danger lurking in our midst, and join with us to do whatever they can to help eliminate this evil, realizing where there is unity there is strength.

On the preventive side careful inquiries have been made into the Woman Patrol Movement which has already proved so beneficial in other countries. This movement has made its mark in Great Britain, Ireland, the Channel Islands, South Africa, New Zealand, and South Australia. The following significant letter has just been received in answer to an inquiry made to Mrs. Carden, Honorary Secretary of the Women's Patrol Movement of Great Britain:

"I have had several enquiries as to starting The Women's Patrol Movement in Canada. Their work has been extraordinarily successful in Great Britain, and I think it would be equally so in Canada if started on the right lines. The work as being carried on in America is founded on the information supplied by me.

"I am sorry to say we have not at the present moment a Canadian organizer, but we would be quite ready to train any Canadian appointed by your Society for the organizing job, or we would try and find someone here, if you would put me in the way of the best method of getting a suitable Canadian woman.

"I am sending you literature which will give you a fair idea of the work and what it has accomplished, but it is difficult really to formulate in words the *ideals* of the work, which is the whole secret of its success. We sent an organizer to South Africa with very great success."

REPORT ON WOMEN PATROLS.

Investigation has been made both into the system followed in England, called "Women Patrols," and the system being adopted in the United States under the "Committee for the Protection of Girls" (instituted by the Federal Commission on Training Camp Activities).

Time has not allowed yet of starting work on Military District No. 2, but at the close of this report suggestions are made as to the next steps to be taken.

The outstanding features of the British and American plans for protecting girls in cities near military camps are as follows:

1. *British—"Women Patrols."*

Endorsed by the Home Secretary and the Commissioner of Police, and warm expressions of appreciation from the latter since the work matured.

Women patrols are not "police-women" (having police powers of arrest, etc.), but have police permission and can obtain all necessary assistance from them.

Their work is largely patrolling in couples certain streets and areas, acting as friends to the girls, giving warnings where needed, putting girls in touch with clubs or societies, reporting serious cases.

Method—is to have paid organizers of districts and then a large staff of volunteer workers, giving several hours at a time to the work, and going about in couples, after receiving training from the organizer. Women of age and experience required. Many of them women of the superior working class. No uniform, but an armlet to distinguish them.

2. *U.S.A.—"Committee on the Protection of Girls."*

(Chairman—Miss Maude Miner.)

State Committees and Local Committees are being formed under this, and workers specially experienced in work among delinquent girls are being sought as organizers. The distinction between the American and British work largely turns on the employment of volunteer workers; this is not much favored by the American organizers, who prefer a smaller number of trained "case-workers"; they say they may, however, have to resort to volunteer workers. Their object is:

- (a) Scouting and patrolling the streets, parks, etc.
- (b) Supervising amusement centres.

- (c) Educating girls and parents as to dangers and better possibilities.
- (d) Training workers.
- (e) Seeing that laws are enforced.

They couple with their work excellent plans for making a study of conditions in any given area; card index and filing system; central protective bureau; forming local committees of all those interested in girl welfare.

An interesting investigation was made in Boston, Massachusetts, during July, 1917, of all people frequenting the Common and Gardens. It was made by the co-operation of 36 societies, many lending professional workers for part time. The report that was published gave valuable light on—

- (a) Types of people using the Common, etc.
- (b) Danger zones.
- (c) Recommendations *re* lights, seats, regulations as to behaviour, and *re* better amusements.
- (d) Special cases investigated and preventive work done.

3. *Plan for Canadian Work.*

The Women's Activities, therefore, suggest the possibility of the following steps being taken:

1. Secure an organizer for Women Patrols for Military District No. 2.
2. Let her specialize at first on training workers for Toronto city.
3. Call (by special invitation) a meeting of workers from the leading societies touching girl-life and lay the need before them, and ask co-operation.
4. Obtain the backing of the Toronto police and civic authorities. (Already Sir Percy Sherwood on behalf of the Dominion Police, has written his approval of some form of Women Patrols.)
5. Plan a month of survey of Toronto (like the Boston Common investigation) by workers loaned for part time by various societies. Have a Central Bureau for reports.
6. After this, let the organizer get her steady band of volunteer workers, and place them on their beats, etc. Some of these can have been receiving their training by working in the investigation.

The results of the month's survey should be such as to enlist the interest of many people and gain such financial help as would be necessary to increase the staff of paid workers.

For the beginning, the guarantee for the one organizer's salary, and some small expenses would be all that is necessary.

January 17th, 1918.

The Committee is now making arrangements to send out selected speakers to various meetings of the many women's organizations in the district.

Such are the outlines of the work so far done by the Women's Activities' Committee, but it will be readily seen that this is a mere beginning, and that the work can only be carried through by the hearty co-operation and support of the community. It appears to the Committee that such work must make a very lively appeal to anyone awake to the great evils incident to venereal disease and its far-reaching effect upon national life, and that such an appeal is essentially one to patriotism of the truest kind.

While the Committee has so far dealt with only two aspects of the question, it is not unmindful of the underlying causes of venereal diseases going very deep down in social life, which causes involve such questions as low wages, bad housing, loneliness, lack of wholesome amusement, lack of affection and ordinary home pleasures, absence of an absorbing interest (what Donald Hankey calls "The Zest of a Quest"), the isolation due to our present system of domestic service, and other kindred difficulties.

The Committee recognizes that war emergencies, and war "inevabilities" have caused unusual mental pressures to be placed upon the young of both sexes, thus upsetting restraint and bringing about much evil; but at the same time it is obvious that the question in hand is just as much a civil as a military one, and that both sides should be dealt with coincidentally.

The Committee welcomes as a most hopeful sign the ending of secrecy with regard to this vital question and the courageous work done by some of the daily press; it feels assured that the problem must be grappled with from many angles, that while we cure the bodies we must also recognize the souls of those who have gone astray and become diseased, and that appeal can be made to idealism in men and women even to the eleventh hour.

However important it is that social evil should be faced and dealt with, it is equally important for the future that men and women should understand more clearly the nature of social good.

The Sub-Committee on Quack Advertising

BY MR. FREDERICK PAUL

Convener.

FOR the sake of brevity I propose in this paper to confine myself to false and quack advertising as it pertains to the medical field. Samuel Hopkins Adams once said that the success of the medical faker was based on some form of stimulant. Duffy's Malt Whiskey, Peruna, and kindred preparations sold because they contained a large percentage of "booze." Many a well intentioned person has taken gallons of Peruna and like stuff, enjoying the cheerful glow which the alcohol temporarily gave them. Then they sat down and wrote testimonials as to how much good the "booze" was doing them, when as a matter of fact they were just having a quiet little spree and having it at that upon very inferior liquor at a very high cost per glass. However, now that the sale of liquor in such forms has been stopped by process of law in all but one of our provinces, as well as in a large part of the United States, patent medicine makers are obliged to stimulate their clientele by other means. The more modern method now very general in the nostrum trade is to stimulate the imagination by means of cunningly devised and fraudulent advertising. Latterly this has taken the form of testimonials. One of the chief reasons for this change from the cruder and more blatant form of advertising so general years ago was the introduction in the United States of the Food and Drug Act, and in Canada by the placing of the False Advertising Bill on the statute books. Under Canadian laws one may no longer advertise boldly a cure for consumption, but they may through a testimonial leave the same impression on the reader's mind. The medical testimonial is recognized very generally as misleading or altogether false. Sometimes they emanate from persons too ignorant to understand the nature of disease or the process of recovery. At other times they are paid for, but more often than not are downright frauds. Samuel Hopkins Adams in his recent investigation of the testimonials utilized in the advertising of Nuxated Iron, which is at present buying so much newspaper space in Canada and the United States, sets down these professional testimonial writers in the following order:

1. Dr. Ferdinand King—a venereal quack.
2. Dr. Howard James—a dope fiend.
3. Dr. E. Sauer—a drink victim.

4. Dr. A. J. Newman—falsely represented as a hospital surgeon.
5. Dr. Wm. H. Kerr—falsely indicated as a physician.
6. Dr. Schuyler G. Jacques—falsely represented as a hospital surgeon.
7. Dr. James Louis Bexyea—falsely represented as a medical college professor.
8. Dr. T. Alphonsus Wallace—a quack.
9. Dr. H. B. Hall—a typical nuxated myth.

And "two of the most notorious quacks in America, E. Virgil Neal and Wylie B. Jones."

Such is the gentle art of separating the people from their dollars, *via* the testimonial route.

Perhaps I cannot do better in an attempt to demonstrate the need of further legislation to keep in check these patent medicine quacks than to take up briefly some of the cases in which I have been personally interested. In 1911, L. S. Levee, whom, it will be remembered, was for a long period a member of the Board of Education, and was for two years chairman of the Board, acquired control of an organization known as the Slocum Medicine Company, and began the manufacture and sale of Psychine, a reputed cure for tuberculosis. He advertised this concoction widely in Ontario as a "cure" in the most barefaced fashion. For the paper I have the honor to represent as managing editor, and following a precedent of many years standing, I locked horns with Psychine and incidentally with Levee, who was then enjoying his first term as Chairman of the Board of Education. After consultation with Crown Attorney Corley, whom I may state has ever shown the disposition to aid in these matters, it was not considered feasible to attack Psychine directly, as there was no section of the criminal code at that period which would ensure conviction, and a failure to convict would have been most disastrous, as it would only have taught other equally unscrupulous that they could go and do likewise. However, a rent in Levee's armour was found in the manner in which he had induced those under his control, namely school teachers and others in the pay of the School Board, to invest their savings in the Slocum Medicine Company's stock. Ultimately we proved the stock to be worthless and the company bankrupt, but more important still, Judge Winchester, before whom the inquiry took place, held that *Saturday Night's* charges to the effect that Levee had utilized his position on the School Board to fatten his pocket book, had been amply proven. The exposure of the Slocum Medicine Company's finances put an end to the company and incidentally to Psychine. I will dismiss this incident with the statement that Levee, in spite of the verdict of Judge Winchester, served his second term as Chairman of the School Board, was afterward convicted of manufac-

turing and disseminating immoral literature, and fled the country to keep out of prison.

The next case of note was that of Nature's Creation, another impudent fraud of the worst character. And this case is noteworthy to the extent that it was the first conviction in Canada under the False Advertising Bill. This Bill was introduced by the Minister of Justice, Hon. Mr. Doherty, and passed by the Dominion Parliament in 1914. About the time of its passage the Nature's Creation Company came joyfully on its way from the United States. According to the evidence adduced at the trial the company had originally been the property of a woman named Cohen or Reynolds, who was alleged to have been a fortune teller in Chicago. Columbus, Ohio, was the first home of Nature's Creation, but it afterward moved into Michigan, where it met with a hot reception from *Detroit Saturday Night*. It is interesting to note that Nature's Creation was originally advertised to cure blood disease—notably syphilis, but not being a financial success under this heading, the literature was switched, new wrappers obtained, and Nature's Creation made its bow to the public as a "sure cure" for tuberculosis. According to its literature it would create a new stomach, improve the appetite, cure asthma, cure liver trouble, stop wasting away, cure hemorrhages of the lungs, reduce temperature, stop night sweats, remove adenoids, and build up the entire system—everything, in fact, but take the mortgage off the farm. It sold at \$5.00 per bottle, and cost, according to the testimony at the trial about twenty-five cents per bottle. Incidentally an analysis showed that it contained a few simple drugs, none of which, according to medical testimony, would cure anything, not to speak of curing a disease incurable so far as medicines are concerned. It is well to note that the charge against the Nature's Creation Company was not that of selling this "cure", but for publishing false advertisements, said "false statements" being of a character, to quote the words of the Bill, "likely to enhance the price or value of such property, or promote the sale or disposal thereof."

Police Magistrate Denison registered a conviction, imposing the maximum fine of \$200.00 and costs or six months in jail, against the promoter and manager of the Canadian company. An appeal case was heard before County Judge Morson, but the appeal was lost, and the case stands as the first conviction under the Act.

This, however, did not at once put Nature's Creation out of business, an indication that our preventive legislation is still incomplete. A firm of solicitors, after a close study for loopholes in the False Advertising Act, decided that Nature's Creation could publish testimonials within the law, provided that the same were carefully and cautiously written. This advertising went on for a time, but the pulling power

was apparently lacking, for the company has since ceased to have a number in the Toronto telephone book.

Reverting to the special subject of advertised cures for venereal disease, I am informed by authorities that our laws as they now stand are most inadequate. Paragraph eight of chapter thirteen of the Criminal Code, under the heading of drugs, goes on to say (I quote the section only in part): "advertises or publishes an advertisement of any means, instructions, medicine, drug or article for restoring sexual vitality or curing venereal disease or diseases of the generative organs." The patent medicine quack who specialized in venereal diseases easily gets around this section of the Criminal Code by making his advertising suggestive rather than concrete. He discusses "special ailments of men," "kidney, blood and bladder troubles," etc., in such a manner that the intent is sufficiently clear to even the casual reader, but at the same time it is within the law. It is not within my province to suggest how this clause may be amended so that these quacks can be given their just deserts, but surely it can be done.

Touching upon the financial side of the quack medicine business for a moment, and it seems opportune at a time when the entire country is called upon to save in every possible way, it is well to remember that a huge quantity of these nostrums are imported annually from the United States and Europe, and millions of Canadian money is wasted in their purchase, so say nothing of the physical results of loading up one's system with concoctions that cure not. The Journal of the American Medical Association of Chicago some months ago published a stinging editorial upon the introduction of Tanlac into this country. It went on to say:—

"Tanolac, the latest patent medicine success of the 'bracer' type, is to be introduced in Canada. . . . It is emphasized that the Tanlac concern is going to erect a plant in Canada. Half-page advertisements in metropolitan dailies advise Canadians that seven million bottles of Tanlac have been sold in two years. Telegrams are reproduced from druggists in the cities and towns of the Southern States, showing that the stuff is ordered in car load lots. Tanlac has all the qualifications of a successful patent medicine; enough alcohol (about four times that found in beer) to give it a decided "kick," plus bitters and not too much laxative. To the thoughtful it must seem little less than a crime that the Dominion of Canada, staggering under the financial burdens thrown on it by the war, should be further subjected to the monstrous waste of such products as Tanlac. Canadian druggists and Canadian newspapers will be the direct beneficiaries of the sale of Tanlac. The Dominion as a whole would be a distinct loser, financially and physically. . . .

Seven million bottles sold in two years—and it sells for a dollar a bottle. Seven million dollars taken from the pockets of a class that can least afford it—and one-third of this sum goes to the retailer. Does Canada wish to further drain her financial and physical resources for no other purpose than putting a certain amount of money in the pockets of Canadian druggists and newspaper publishers, and a much greater amount into the pockets of an Ohio quack? If not, she will not tolerate Tanlac."

In the formulation of such laws as will entirely prevent the advertising of nostrums it will be well for our law makers to bear in mind that it cannot be successfully done by merely preventing the advertising of these concoctions in publicly circulated mediums. When driven from the newspapers the quack medicine manufacturer will obviously take to the mails unless these are denied him, and will in this manner obtain at least a very considerable sale for his quackeries. In the United States what is known as the "fraud order" has been largely utilized to close the mails to illegitimate businesses. When the Government believes it has grounds for denying the use of the mails, it calls upon those who are under suspicion to show cause as to why a fraud order should not be issued, which places the onus of proof on the suspect. In Canada our post office department either lacks these powers or is loath to use them. Fraud orders are now and again issued in this country, but my experience in endeavoring to get the Department to act in specific cases of self-evident financial frauds has not been, to say the least, heartening, and when by chance they did act it was so long delayed that the public had already been defrauded.

With the patent medicine quack it is publicity or death. Shut off his avenues of publicity and the fight is won. In the operation of a patent medicine concern a knowledge of medicine is not at all necessary. Indeed, the less they know the better they seem to get on. However, a due appreciation of the gullibility of the sick, an absence of moral sense, an utter disregard of truthfulness and common honesty—these together with publicity—are the essential requirements necessary to make it a commercial success.

In conclusion I will say that our commercial shrewdness fails us when we go into the open market to purchase relief for suffering. We require the aid of a strong government which will put through and enforce vigorous legislation in order that we may be saved from ourselves.

The Sub-Committee on Education

BY MR. A. E. S. SMYTHE

Convener.

A SUB-COMMITTEE on Education, deputed by the Advisory Committee on Venereal Diseases, No. 2. Military District, was organized on November 7, 1917, at the City Hall, Toronto, and several meetings have since been held. Among those taking part have been Mrs. L. A. Hamilton, Miss Una Saunders, Lady Falconer, Mrs. Heustis, Mrs. Plumptre, Mrs. Walter Sparks, Dr. Margaret Patterson, Mrs. E. A. Stevens, Mrs. A. D. Fisher, Mrs. W. Graham, Dr. C. K. Clarke, Capt. Dr. Gordon Bates, Capt. Fraser, Capt. Lou Scholes, Rev. L. Minehan, Rev. R. B. Cochrane, Edmund Scheuer, W. P. Gundy, P. J. Lee, J. W. Hopkins, Prof. A. J. Mackenzie, Deputy Chief David Archibald, W. J. Paul, Rev. J. A. Macdonald, Albert E. S. Smythe (convener).

As the object of the Committee is educational, we must take for granted the facts and conditions that have to be grappled with, emphasized as they are by the war. Nor are we concerned so much with what is called the moral side of the question, except in so far as scientific and practical treatment of the subject shall be found to be the foundation of moral principles, as with what is expedient for those who suffer the innocent alike with the guilty, or even perhaps more than the guilty.

The importance of education in regard to venereal disease is accentuated rather than lessened by the fact that legislation covering all the essential matters demanded by skill and experience has been promised by the government. It is only now necessary to convince individuals of the necessity of these precautions. Legislation deals with remedial measures. Prevention must be largely a matter of education. Perhaps the government may be persuaded to take a share in the prevention as well as the cure.

Ignorance, more than any other cause, has led to the ravages of these terrible diseases. This ignorance is not confined to the uneducated classes, but abounds among the cultured and enlightened, and by some it is regarded as a mark of culture and refinement that they have never heard of the social plagues. A policy of silence has prevailed for generations, to which the medical profession has been a party. There has been such an awakening in this respect that we can safely leave the medical profession to the care of its more progressive members. The new legis-

lation will further this; and the medical sub-committee has a clear field for action.

It is generally agreed that education SHOULD begin with the young. The difficulty at once met is the want of teachers. The parents are the proper persons to instruct their children, but the extraordinary tradition of reticence that has grown up concerning sex questions in almost all families has been a chief source of the evil. The parents of this generation must be educated as well as the children, and the young men and women who are in most risk and danger through their ignorance must also be reached.

Failing the agency of parents, the next obvious channel is the church in all its branches and subordinate activities, Sunday Schools, Bible Classes, Y.M.C.A., Y.W.C.A., and all kindred associations. The sub-committee has had the opinion of many clergymen on the matter. It is hoped to have special sermons preached on the social evil, the value of purity, the danger to innocent people through ignorance, and the immense advantage to the nation of a common standard of virtue for both sexes. That is to say, it should be regarded as disgraceful for a man to err in this respect, as it now is for a woman. The co-operation of clergymen of all denominations should be sought in this work.

The numerous innocent victims among married women who are either deprived altogether by the folly and filth of their husbands, of the privilege of motherhood, or else bring diseased children into the world from this cause, takes away any excuse that young men in their ignorance may have had for their criminal indulgence.

Mothers find difficulty in approaching the subject with their children, and while much admirable literature has been prepared for this purpose, it will be an important part of the educational movement to have it placed in the hands that need it. Fathers are no less diffident with their sons, and it is essential that training and information on sex matters should be given to children at an early age. As soon as they go to school they are instructed or misinstructed in the foulest way by vitiated childish companions, who abound in all schools, however select. Even were it possible to preserve children in absolute ignorance of sex facts until they were of age, this very policy leaves them the prey of loathsome vices. There are but two paths, one of danger, and one of comparative safety. The path of ignorance is the path of danger.

It is the belief of the sub-committee that not many people can successfully and effectively speak to children in public on these questions. A few people have been found to be particularly gifted in this respect, and it is recommended that only such persons be authorized to address gatherings of young people. Such authorization should be in the hands of a responsible body, such as the central committee.

Next to the churches, and even wider than their appeal is the press. Much has been done in the last few years through this agency to ventilate this obscured matter. Locally a considerable response was made to the appeal of this sub-committee. The *Globe*, for example, kept attention upon it, and its publication of Dr. C. K. Clarke's valuable articles is highly important.

It is hoped to inaugurate a systematic appeal to the provincial press by the preparation of special articles of an informative character, and the circulation among editors of the literature suitable as a basis for articles.

The theatre has already been used as a means of propaganda and has proved of great value. Brioux's play, "Damaged Goods," has been found highly educative, and beneficial in England and the United States. Unsophisticated authorities in Ontario have been unconvinced of the benefit, and even the film version has been prohibited. Brioux's three plays dealing with the question may safely be placed in the hands of those who require instruction. It cannot be too strongly insisted upon that knowledge in itself does not beget pruriency. The naturally prurient will find the material they seek even in the Bible.

The theatre might become a valuable educative agency on this question as on others, but the sub-committee quite agrees that in this field as well as in the pulpit discreet treatment is necessary. Probably the most valuable aid the theatre could give would be in assisting to break down the dual standard of virtue for men and women.

Exhibits of a medical character, stereopticon views, and colored prints have been found of great value in military barracks, Y.M.C.A. rooms and elsewhere. These are for men only, and the knowledge imparted is found to be a deterrent from vice of the strongest kind. These exhibits might well be displayed in clubs, medical institutions and other places where men congregate. They are prepared by the highest medical authorities.

In large factories such exhibits would undoubtedly be useful, and the plan of holding meetings in such factories and giving brief addresses has been successfully followed. Employers know it to be profitable to have healthy workers, and usually give sufficient time for the purpose at the cost of the firm.

The Woman's Activities Sub-Committee has undertaken similar work in the Women's Institutes, Y.W.C.A.'s and other bodies, and in female factories.

Existing literature of propaganda character is abundant. Locally the pamphlet and card issued by the provincial board of health are concise and precise. They are intended to indicate to affected men the danger in which they stand and the menace they are to others. "You

must not marry," is the red letter warning to those who have contracted either disease.

Among the examples of literature that might be adapted, or adopted, or consulted in the preparation of material for provincial use may be mentioned in addition to others cited, the publications of The Alliance of Honour, including H. Bisseker's "In Confidence: to Boys"; the publications of the Eugenics Education Society, including "How to Teach Little Children," by Violet Trench; the publications of the National Council for Combatting Venereal Diseases, including, "What Mothers Must Tell their Children," by Mary Scharlieb, M.D., M.S.; "Integer Vitae," by J. H. Muirhead, LL.D.; "England's Girls and England's Future," by Mary Scharlieb, and Barbara Butts; the publications of the Wood-Allen Publishing Co., Ann Arbor, Mich.; the publications of the W.C.T.U., including "Hands Off: A Talk to Girls," by Dorcas J. Spencer; "An Open Letter to Parents," by Winnifred S. Hall, Ph.D., M.D.; "Motherhood: Talks With a Child," by Mary A. Lathbury; "Safeguard the Home" (for parents), by Emma W. Shores; also, "A Great Gift, or the Mystery of Life," for girls, by Jessie Copeland Brecken (The Local Council of Women, Toronto); and "Plain Facts About a Great Evil," by Christabel Pankhurst.

In Great Britain and the United States the amount of literature published is in conformity with the gravity of the situation. The pamphlet issued by the New York Department of Health states of the six million people in New York City one-quarter of them have some form of venereal disease. Ten out of every hundred have syphilis. Eight out of ten men and five out of ten women have had gonorrhea at least once. With this appalling state of affairs no plea for educational measures is necessary.

In Capt. Bates' paper, read at the congress of the Canadian Public Health Association last September, equally startling statements were made about local conditions. Among 15,000 troops 1,500 cases of venereal disease were admitted for hospital treatment in a year, and there is reason to believe that "even worse conditions exist in the civilian population from which men in the army receive their infection."

"Because discontinuance of treatment before cure is established and subsequent marriage of infected persons results in an enormous amount of innocent infections," says Capt. Bates, "a determined effort should be made to educate venereally infected patients. Literature should be placed in every patient's hands, explaining the serious character of his disease and the importance of a complete cure. This literature should be provided by the government and its distribution made obligatory on the part of the physician."

In the presentation of facts and figures made to the Conservation Commission a year ago the deductions drawn by the military authorities

are confirmed. Dr. C. K. Clarke states that more than 12 per cent. of the patients admitted to the public wards of the Toronto General Hospital for various diseases, surgical and medical, have syphilis. "No false sentiment," he says, "no desire to shirk our manifest responsibility should be encouraged. It is a case where a spade should be called a spade without the least hesitation."

When it is realized that all aneurysms of the aorta are recognized as due to syphilis; that this disease in its later stages is one of the most fruitful causes of angina pectoris; that paralytic strokes in the vast majority of cases under fifty years of age are due to syphilitic disease; that locomotor ataxia and paresis are due to syphilis, and that the infection contracted in early life and perhaps forgotten, may awake in later years in one of these terrible forms, the need of education is still more evident. If any further reason were needed it is only necessary to remember that syphilis is transmissible from parent to child. "The result of this is, either the mother miscarries or gives birth to a dead child, or if the child is born alive it may die in early childhood from the results of the congenital affection." Prof. Mackenzie confirms these observations.

Dr. B. P. Watson states that in forty cases of major abdominal operations, as a result of gonorrheal infection, 23 were of married women who, in nearly every case, were innocent victims of infection conveyed by their husbands. This disease tends to produce sterility in the female, and it is estimated that probably 50 per cent. of all such cases result from it. Forty per cent. of all congenital blindness is also due to it.

It is necessary to mention a few, a very few of these facts, in presenting the aims of the education sub-committee. We are strongly of the opinion that an organized propaganda, capable of dealing with the various needs of the community, should be launched. It would be desirable to have the preparation and distribution of such literature as has been mentioned as a department or sub-department of government. The necessity for an official status is obvious in the face of the widespread quackery which preys upon these diseases. Official standing and authority is also required for literature, which from private hands, is often regarded by uninformed persons as obscene.

It is a matter, also, in which it is not easy to enlist private funds, while a moderate outlay on literature by the government would undoubtedly lead to an immense saving in sanitary and other expenditures, as a more widespread knowledge led to the abatement of the disease. The dread of the disease and fear of its fell and deadly consequences would prove a greater deterrent from vice than much moral admonition, unsupported by science. The creation of a better social ideal sufficiently justifies the effort.

The Sub-Committee on Legislation

DR. C. J. O. HASTINGS, M.O.H.,

Convener

Until the outbreak of the present war, as the result of indifference and apathy of the public, and in many instances the profession, the whole problem of venereal diseases and their control seemed to have resolved itself into one of "As it was in the beginning, is now, and ever shall be," and nations were content to lie under the cloud. However, new conditions taught new duties. The tremendous waste of manpower in the various nations consequent upon venereal diseases has aroused them to a sense of their duty, as it at once became apparent that the prevention of venereal disease infection in the military population was largely dependent on the degree with which these diseases were controlled in the civil community. As a result of this awakening, the people of the various nations are now having a demonstration of the truthfulness of the statement made by Lord Coleridge, that "The heart of civilization is not callous to the sufferings of her children." Men upon these subjects are for the most part either indolent or ignorant. They do not think about them, they do not know about them, and they turn from them as they turn away from other unpleasant subjects, not in a cynical, callous, determined dislike, but simply with unawakened sympathies; but once let the heart of England be really aroused and the conscience of the country be really excited, then I do not believe for a moment that there will be any lack of workers in the cause, or any lack of enthusiasm for the great objects which that cause undertakes.

Immediately that the nations were aroused, they began to inquire why these diseases were not being controlled. The reply that came from all Public Health administrators was that they had no power to regulate and control. The result has been that an enlightened public sentiment has demanded, and is demanding, that those in authority be vested with the necessary powers.

The Sub-Committee on Legislation was formed soon after the formation of the Advisory Committee in August, 1917. It has a membership of twelve, and during its numerous sittings has discussed a number of types of legislation which appeared to be applicable in Canada. We found that perhaps the Western Australia Venereal Disease Act is the most comprehensive piece of legislation extant on the subject, and were able to obtain many valuable hints from its study. We found that it

was not sufficient for our purposes, however, partly owing to the fact that the legal powers of the Canadian province are not so wide as those of the Australian State, and again to the fact that certain legislation appeared to be necessary, particularly in regard to the prostitute, which has not been included in the Australian Act.

An interim report of the Sub-Committee concerning essential points which should be covered in enacting laws to protect the community against venereal diseases read as follows:

- 1st. A large proportion of persons confined in public institutions, such as jails and reformatories, are venereally infected, and when they are discharged will be a source of infection to others.

To cover this—A law covering compulsory examination and treatment of such persons until they are cured.

- 2nd. Women coming up in the police court on the charge of prostitution are sentenced irrespective of the fact that they may be venereally infected.

To cover this—It should be possible to make the examination of such persons compulsory (both physically and mentally). If they are found infected, this fact should be considered in their sentence, and they should not be discharged from custody until they are cured or non-infectious.

- 3rd. There are many persons venereally infected who do not complete their treatment, and thus remain possible sources of infection.

To cover this—A law similar to that in the Western Australia Act compelling notification by name only of such cases as neglect their treatment. Clauses 242, c, d, and e, of the Western Australia Act should be utilized with changes.

- 4th. Most persons infected venereally are ignorant of the dangerous and infectious character of their disease.

To cover this—It should be compulsory for physicians to supply educational literature.

- 5th. Many persons venereally infected are too poor to obtain treatment.

To cover this—A law is necessary making it obligatory for hospitals receiving government grants to provide free treatment.

- 6th. A dangerous element is advertisements by quacks of the cure of venereal disease.

To cover this—Legislation against all treatment other than that prescribed by a qualified medical practitioner. (See also Western Australia Act, Section 242 (1) and 242 (n).)

- 7th. There have been a number of cases of persons knowing that they were infected with venereal diseases who carelessly or maliciously infected others.

To cover this—There should be a law which makes it a crime for a venereally infected person to knowingly infect others.

Later discussion has confirmed our opinion that the general principles laid down in this summary should be dealt with either by provincial or Dominion legislation. The last two—that is, quack advertising and the conveyance of infection on the part of persons who are aware of their diseased state—seem clearly to belong to the Dominion Parliament, and we hope to approach that body soon.

The Sub-Committee has discussed in detail the various technical and other objections which may be advanced against the putting into force of the various legal enactments which the above summary suggests. I will not go into these in detail to-night. That laws must be passed there is no doubt, and we have every reason to believe that both provincial and Dominion governments will lend active support to measures which will tend to deal with these dreadful diseases in accord with the principles which hold in our dealings with other contagious diseases.

First Report of the Committee of Standard Methods of Water Analysis

CANADIAN PUBLIC HEALTH ASSOCIATION

Resolved that the Physical, Chemical, and Microscopical methods of analysis as published in the 1917 edition of "Standard Methods of Water Analysis" by the American Public Health Association be adopted with the following amendments:

(a) All determinations of hardness by the soap method are to be made at a standard temperature of 20° C.

(b) That the Winkler method of estimating dissolved oxygen be tentatively adopted and that a study should be made of the method of Lancaster and Bonham, as developed in the laboratories of the Ontario Provincial Board of Health, and also that of Miller (Jour. Soc. Chem. Ind., Feb. 28, 1914). These methods appear to give sufficiently accurate results at a smaller expenditure of time and the Miller method also appears to be very suitable for field work.

(c) That the ortho tolidine method of estimating free chlorine be eliminated.

BACTERIOLOGICAL.—Regarding the bacteriological methods, the committee was unable to agree with many sections of the report of the American Public Health Association.

MEDIA.—A recommendation is made that all solid media should be clarified by the addition of egg albumen in the proportion of 5 grams per litre.

BACTERIAL COUNTS.—Either agar or gelatine with incubation at 20° C. for 48 hours may be used. The committee recognizes the fact that gelatine may give a higher count than agar but is of the opinion that this advantage is generally offset by other factors that make agar more suitable for general use. Counts are also to be made on agar after 24 hours incubation at 37° C.

B. COLI.—The question of the most suitable enrichment media for the *B. coli* presumptive test was postponed for further consideration. In view of the absence of precise information as to the significance of the quantity of gas formed during enrichment, no final recommendation is made, but as a working basis it was agreed that all tubes showing less than 10% of gas after 48 hours should be regarded as negative if, on shaking the tube, there is no visible evidence that gas formation is still proceeding.

Whenever practicable, all positive presumptive *B. coli* tests are to be plated out as soon as possible after gas formation becomes evident and the medium to be used may be litmus lactose agar, Endo's medium, or neutral red bile salt agar: the presence of typical red colonies is to be regarded as partial confirmation of the presence of some member of the *B. coli* group. The nature of the final confirmatory test is postponed with a recommendation that a study should be made of the Voges and Proskauer reaction, gas production in saccharose broth, and indol formation in peptone water.

A request is also made for the investigation of plate methods for the estimation of the *B. coli* group.

EXPRESSION OF RESULTS.—When frequent samples are taken from the same source, only one tube of each dilution is necessary if the average number of *B. coli* is to be estimated by the method of Phelps (Amer. Pub. Health Assn. Rep., 33, 9) but it should be remembered that the accuracy of this method depends upon the number of variants from which the average is calculated. For individual samples several tubes of each dilution should be used and the actual results stated in the report. The most probable number of *B. coli* present can be calculated by the method of McCrady (Jour. Inf. Dis., 1915, 17, 183) which has recently been somewhat simplified by Wolman and Weaver (Jour. Inf. Dis., 1917, 21, 287) and should also be stated in the report.

Committee—A. Bernier, A. V. De Laporte, J. G. Fitzgerald, Heber C. Jamieson, M. H. McCrady, Joseph Race (chairman).

The Social Background

The Council of the Neighbourhood Workers' Associations of Toronto will be responsible for this page from month to month.

The articles will deal with general social service and public welfare problems.

The recent Annual Meeting of The Social Service Council of Canada was distinctly in advance of any of its predecessors. Many representative men and women were present and progress was reported all along the line, especially in the beginnings which have been made towards a more human treatment of the feeble-minded, the more intelligent treatment of venereal diseases, and the large progress made towards the political enfranchisement of women.

The Council favoured the organization of a Board of Health by the Federal Government and the abolition of the patronage system, and the following amendments to the criminal code:

1. That adultery and lewd co-habitation, be made a criminal offence;
2. That all female employees, in every employment be protected against seduction;
3. To make it a criminal offence to co-habit with a feeble-minded person;
4. To raise the age of consent to at least sixteen years, and the age of seduction to eighteen years;
5. To secure much needed changes in the law governing the issuing of marriage licenses.

Public Health and its Social Implication

A. H. BURNETT

Social Interdependence

One of the most important things that the war has taught us is our utter dependence upon each other. We have learned in a very vivid way that the man who raises wheat or cattle on the western prairies is an important factor in the destiny of nations. This dependence is particularly noticeable in the relationship existing between Public Health and what we call our Social Problems. Whether a man is employed or unemployed, the conditions under which he is employed and the amount of wages he receives, are questions that lie behind a very large number of our public health problems. For upon the amount of wages received, depends the

kind of house in which he and his family will live—the kind of clothes they wear, and the quality and quantity of the food they eat. If a man's wage is small and the family large, he must live in the cheapest house he can find. The clothes may be insufficient, the footwear an inadequate protection against the weather, and the children may be discovered by our school medical staff to be suffering from malnutrition. Low wages may result, also, in insufficient care for the mother of the family, at confinement. She may have to wean the baby too soon in order to be about her household duties, or perhaps, even to go to work to supplement the family income.

Health and Hunger

We all know that dark stuffy rooms, bad ventilation, overwork and so forth, are predisposing causes of tuberculosis, and that the appropriate treatment is good food, fresh air, and rest, and it is just these things that an insufficiency of income may make impossible. Rest means absence from work, nourishing food involves expense, and fresh air means open windows, which again involves increased artificial heat and additional coal.

Ice and Illness

Physical health is affected by any factor that forces the family to live below the normal standard of comfort. In the summer time it may mean that ice is an unprocurable luxury. The babies' milk suffers and sickness results. The present shortage of coal is from many points of view, a social problem. Inadequate distribution of coal has social and economic causes, and its effects have social significance, for it is among those whose financial resources are restricted that a shortage of coal is most keenly felt and in this climate an adequate supply of fuel is an indispensable factor in the maintenance of health.

Pin Maps and Poverty

Dark, damp and overcrowded dwellings, and what we generally call insanitary conditions, all tend to a lower vitality and to lowered resistance to disease. Our so-called filth diseases are largely caused by social conditions. In the Toronto Department of Public Health, various "pin maps" are made, in which each pin represents a home where there is a sick baby, a case of tuberculosis, or some other pathological condition. Each of these maps is an almost perfect "poverty map", for public health problems are more numerous where social conditions are most acute.

It would be quite easy now to point out the health significance of many of the activities of our social workers. The Fresh Air outings and picnics given every summer by many of our social agencies are chiefly valuable because they build up the physical constitutions of the bene-

ficiaries. Christmas baskets have a direct effect one way or the other upon the health of the recipients. Vacant lot gardening both directly and indirectly, has an important bearing on the public health.

Immigration

Again, what is Canada going to do about Immigration after the war? Are we going to restrict immigration? If so, is it to be entirely a literacy test, or is physique or heredity to count? Here once more, both health and social problems are inseparable. On the other hand, one might enumerate the social aspects of alcoholism, feeble-mindedness, venereal disease, etc., but these are too obvious to need elaboration. It is fitting that their interpenetration should be recognized in *THE PUBLIC HEALTH JOURNAL* and the Social Background adequately emphasized.

Social Reconstruction after the War

Address by John Collier at the Sixth Annual Meeting of the Social Service Department of the Toronto General Hospital

John Collier

"I am spending my life in social work because I would like to live alone in the woods," said John Collier recently to a friend, and this paradox explains him. He loves trees and the flowers, the mountains and gorges, and nature in all her moods. Yet he spends his life in intense and passionate work for the people who live in New York's neglected districts. He is a poet whose three remarkable volumes deal chiefly with the elusive wonder-things of life which lie thin-veiled around us. Yet he spends long busy days in his office in a New York skyscraper, occupied chiefly, it seems to the visitor, in giving advice in his capacity as Director of the People's Institute. It is the wistful and intangible yearning of men that stirs Mr. Collier's soul, yet in spite of this, or one might say, because of it, he threw himself with intense enthusiasm into the recent New York elections, and was one of the most energetic platform speakers for democracy, which is to Mr. Collier a religion. He gets his driving force from his onward look, and because he realizes that food, clothing, and shelter are but means to an end, and that these material things should be but the foundation for greater intensity of spiritual life. It was the poet who began the address at Convocation Hall and said something like this:

A Mediaeval Picture

Picture to yourself the vast horde of human beings which is our race, in the face of each one something of divine light and in all that multitude scarcely one not bowed down, tortured and scarred by some heavy burdens, some

fearful straight jacket, some crushing steel cap. Imagine being given a chance to remove these burdens! Is there anything we would not do to remove such tortures? When shall we turn our imaginations inward to see that the physical realities of disease which bows down our race are infinitely worse than these pictured horrors. If we could use our imagination scientifically to see their reality we would put our heads and hearts together and adequately work out our health problems. We are in a dream state because these dark diseases are invisible to the eye, because tuberculosis, specific disease and feeble-mindedness do not display in the market place sores more terrible than leprosy.

**Modern Warfare,
abroad and
at home**

Our children's children may look back on this period as the beginning of the great enlightenment. They may look back at this horror of war as we look at the French Revolution, a period of darkness and storm which will usher in clear heavens and the light of day where was twilight before. *This is possible if we make it so.* Let us get the perspective. Why are we fighting? Is it not to keep alive the sentiments and ideals of liberalism as against absolutism? To preserve the conception of the worth of the individual soul found in the gospel of Jesus, and in the Magna Charta, which conception has been menaced with destruction by the archaic point of Germany. We are not fighting for territory but for ideals, for the sacredness of plighted troth, but most of all for the conception of the worth of the individual over the state. But if we win the war, if we check Germany on the battle front and in the economic struggle and on the battleground of our own inner lives and domestic policies we shall have passed to a position where our liberal philosophy will have tied itself up with adequate social organization. All countries, Mr. Collier contended have shown ghastly lack of co-ordination towards common ends, because the education of the individual in the public schools, through the press and to a large extent through universities have been literary rather than scientific. People have not been taught to use their scientific imaginations, to visualize in terms of bacteria rather than in iron crow-bars. Our collective enterprises have not been directed toward the important needs of human life. Now if we win the war while conserving our liberal or Christian ideals and during the war forge out methods of collective action adequate under modern conditions then we shall be in a position to apply science all the way from philosophy to sociology, to use science in the accomplishment of that thing for which we live, the emancipation of the personal life of our millions. We will set free the human spirit, first by lifting the burden of disease and then by liberating genius, emotion, passion in each one of us through discovering great and inspiring things which we may do together.

Two fundamental problems

Mr. Collier commented on Dr. C. K. Clarke's figures regarding the increase of the so-called social evil, which shows prostitution and "border line" developing alarmingly among domestics and certain wage earning classes. Forty per cent. of these offenders are normal mentally. Then was his warm sympathy, his gift of immersing himself in the states of mind of others revealed, as he said, "what is the life of these girls? What great loyalties do they possess? What group of life have they, what art expression? Our sentiments, our moral inhibitions are not inborn nor handed down obscurely from the stars but are constructed by social environment working through the group. What is the group life of these girls possessing inborn yearning, basic human desires which have made history all it is. In their minds, consciously or unconsciously are burning all the fires of feeling which burned in a Socrates or a Joan of Arc. What is their life? You know what it is. Why should not a normal human being living as they live do something extravagant, wild, impetuous? Is it not clear that we have ahead of us the task of building up social arrangements through which the energies of boys, girls, men and women can be used so that noble personal responsibility grows up through the use of our powers? Which is only to state that education is the great social problem after the problem of disease.

Medical Social Service and its Allies

Mr. Collier said that Toronto was to be honoured for facing the problem of disease and at the same time he pressed home the truth that there can be no ultimate control of the so-called social evil *until we create opportunities for life in greater abundance* and there can be no fuller life, no greater liberation and enhancement of the individual human spirit, except for the few, unless we can take hold of our problems of disease. The two go together since nature wills that soul and body go together. Is it not clear that a hospital which is only equipped to treat diseases after they have developed or are more or less chronic and incurable fulfils only a small part of its health building functions? So directly are physical, moral and economic disorder involved that they must be attacked coordinately and in considering diseases and their causes we are led back to social maladjustment and diseases of the social body. Hospital Social Service is more important in the long run than the maintenance of all the beds and operating rooms because it means modifying states of mind and moral conceptions. Medical Social Service changes houses, neighbourhoods, methods of distributing milk, it includes personal hygiene. It is this knowledge which will ultimately eliminate the need for hospitals which could never of themselves make themselves unnecessary.

Human Ore

Mr. Collier critically examined the fabric of our civilization wherein society has grown more and more complex, our undertakings organized into vast units on corporate principals, small minorities manipulating large majorities. So it is with governments, the few initiating and executing, the many passive and acted upon, the relation of people to governments being that of materials and inert ores to the factories which melt and shape them. But there is a wide difference, the speaker pointed out, between man and ore. Man can only be shaped through his own activity. We shape ourselves. And how does human ore react to the process of being shaped? Some temperaments resist. They determine to use the machine and thus become statesmen, politicians, specialists in government. Another group resents the alien force of uplifters, imported experts and salvationists, becoming hostile to these seemingly indignities heaped upon them—and here spoke John Collier, the practical man of affairs, now engaged in helping to safeguard New York's social welfare programme against the enmity of Tammany influence. Then he described yet another group, neither impatient nor hostile but dumb and vague. They do not understand. They take what they can get, accepting restrictions and injustice. They are unconscious of themselves in social terms. The attitude of these groups proves that our social understanding is not getting into the heads and hearts of the people for whom it exists. This is because we have unconsciously modelled our governments and social service after the pattern of the factories which deal with the ore. Liberty is jeopardized by the failure to educate people to the meaning of the work which social workers and experts of government are trying to do.

Saving Democracy

"In Toronto we have the beginning of the institution which can save democracy", continued Mr. Collier, and this he described as the human mediator going back and forth from expert bureaux of government to the plain people, such as the visiting nurse or social worker who touches their lives every day. It is only a step further to get the people into organized groups to which the worker can say, "Now you can join in this enterprise of society and help instead of being merely helped." And with passion born of faith and experience the speaker said "and the people will be found ready!" "Our democracy is jeopardized," he continued, "and is a failure in so far as it has not translated itself into the breast of the average man, women and child. And unless it is so translated, we can crush Germany to powder and yet she will have conquered in the eyes of our children, because we know that history records not the victories of dynasties but of ideals cherished in the sentiments, emotions and loyalties of their people."

AGNES C. MCGREGOR.



The Provincial Board of Health of Ontario

Special Announcement

Medical Officers of Health desiring to present papers at the Ontario Health Officers' Association Meeting, beginning May 27th, at Hamilton, will please send the titles of their papers to the Chief Officer of Health ON OR BEFORE THE 20TH INSTANT.

RE: DIPHTHERIA CARRIERS.

Dr. W. C. Allison, Epidemiologist for the Board has during the past month been engaged in investigating an outbreak of diphtheria in Walkerville.

Dr. Allison took laboratory equipment with him to Walkerville and with the assistance of Dr. R. W. Bell, Provincial Medical Inspector, and the local officials, has made a thorough investigation of the whole question.

During the month of January there were reported from this town 13 cases of diphtheria and 314 carriers.

All the children in the schools were swabbed and a large number of houses placed in quarantine.
Toronto, February 4th, 1918.

The Profession will be gratified to know that Lt.-Col. John A. Amyot, M.B. for many years (and still) Director of the Provincial Board Laboratory and Professor of Hygiene at the University Medical College, has been invested with the Order of C.M.G. by His Majesty. It is gratifying to know that in his case the reward comes to one who by real service in promoting the health of our Canadian soldiers well merits the distinction given him.

Toronto, February 4th, 1918.

TETANUS ANTITOXIN.

The question is asked: "Does the Board supply tetanus for the use of tetanus in animals?"

Ans.—No. This should be obtained either from some of the wholesale dealers, or from the Department of Agriculture, Ottawa.

PLACARDING IN COMMUNICABLE DISEASES.

The Medical Officer of Health is responsible for the placarding of cases of communicable diseases (Reg. 1) but while it is his duty to see that this is done, he should employ the Sanitary Inspector for this duty

unless it is convenient, advisable or necessary that he see the case himself. By the employment of the Sanitary Inspector for this purpose the expense to the municipality would frequently be lessened and the more valuable time of a physician would not be wasted. It might be advisable for the Medical Officer of Health to discuss this question with the Local Board. Anything in these times which will tend to lessen the financial burden of municipalities will be appreciated.

SHOULD MEASLES BE PLACARDED?

It has come to the Board's attention that the Reeve of a certain municipality advised the Medical Officer of Health not to placard measles. This disease is required by the Regulations to be placarded and quarantined and anyone advising to the contrary is liable to a severe penalty. If the civil authorities would obey the laws and not interfere with the proper carrying out of the Regulations by the Medical Officer of Health, we would not have so many widespread outbreaks of this and other epidemic diseases. The head of a municipality offering such advice is NOT doing the people who elected him any good service. He is, by paving the way for the spread of measles doing them a gross injury. His action may be the cause of the death of a good many children. *Measles should be placarded and quarantined. This is a more dangerous disease than smallpox.*

Sterilization of the Throat after Diphtheria and in Carrier Cases

The following is the substance of an article which appeared in the *British Medical Journal*, January 5th, 1918, by Dr. M. Esther Harding, B.S., Senior Resident Medical Officer, Plaistow Hospital.

"The detention of diphtheria carriers and of convalescents who continue to harbour the bacillus is irksome to those isolated, and must in the aggregate involve a considerable expenditure of money both in civil and military practice. In the *British Medical Journal* of March 11th, 1916 (p. 374) Dr. W. S. Thacker reported on the effect of painting the tonsils and nasopharynx with strong solutions of silver nitrate, his work being restricted, I gather, to carriers. He used a 50 per cent solution and two applications procured sterility in every case. A 90 per cent. solution was employed for the staff, and one painting then sufficed, the throat being cocaineized beforehand. Used in these strengths the solution has been known to cause severe spasms of the glottis, when it has happened to reach the rims.

At the beginning of August, 1917, we began to use silver nitrate on patients in the Plaistow Hospital positive to the culture test after an acute attack of diphtheria, when otherwise nearly fit to go home. As

most of our patients are children, we decided to try the effect of weaker solutions. The first painting was done with a 1 in 8 (12.5 per cent.) solution. Where this did not secure sterility a second painting was done with a 1 in 4 (25 per cent. solution.) In four cases this proved insufficient and further painting was needed. These were all children with enlarged tonsils and adenoids. Three of them struggled, so that the solution could not be effectively used. In these cases the throat was thereafter painted under ethyl chloride as a general anaesthetic.

Throat cultures were taken on the third and fifth days after the application. The first culture was positive in three cases only. These were children with large irregular tonsils and masses of adenoids. In fact, it was only in cases of this type that there was any trouble in obtaining sterility, a consequence, no doubt, of difficulty in reaching every depression and irregularity. The cases treated yielded on culture the three types of Klebs-Loeffler bacilli, alone or mixed. Our results do not show that any one of these types is more persistent than the others.

PROCEDURE.

The child was rolled in a blanket so that it could not get its arms free, and laid across the bed with its head in the operator's lap. This position prevented any excess of the solution running down the throat. A strip of cotton-wool wound round long sinus forceps was used for the application with 30 to 40 minims of the solution. The tongue was depressed and the tonsils and posterior pharyngeal wall swabbed somewhat firmly with the silver nitrate. It was found advisable to keep the patient without food for two to three hours beforehand. The only case in which laryngeal spasm occurred was a girl who had had a meal shortly before the throat was painted. Of the first forty cases treated twenty-eight were sterilized by one application, eight cases by two paintings, and the remaining four cases needed further treatment as described above.

CONCLUSIONS.

Of cases with positive cultures after an acute attack of diphtheria 70 per cent. were rendered sterile by one application of a 12.5 solution of silver nitrate. A further 20 per cent. was sterilized by a second painting with a 25 per cent. solution. The remaining 10 per cent. were more resistant but could nevertheless be sterilized with silver nitrate in solutions not stronger than 25 per cent. with a little patience.

On the whole Dr. Thacker's method of sterilization marks a greatly needed advance on the preventive side, and it is to be hoped that its adoption in other contagious diseases than diphtheria will prove useful. In practice its efficacy plainly depends on the thoroughness with which the silver nitrate solution is applied over the entire surface of the mucous membrane.

Cases and Deaths of Communicable Diseases

Reported weekly by the Local Boards of Health for the Month of January, 1918

The reports from the Local Boards of Health show an increase in smallpox in the Province as may be seen by the Comparative Table below. The increase is mostly confined to the counties of Essex, Kent and Lambton. The city of Windsor reported 4 cases, Walkerville, Sandwich and Leamington 1 case each. Kent county had 26 cases: Dresden 7, Thamesville 3, Camden Township 9, Harwich 2, and Chatham Township 3. Lambton county reports the most cases: city of Sarnia 25 cases, Watford and Wawanoah Township 1 each, Sarnia Township 3 cases. There were 11 other cases as follows: Simcoe County: Nottawasaga Township 1 case, Glengary County, Alexandria town 4 cases, Waterloo town 4 cases, Hamilton 2 cases, and Peel township in Wellington county 2 cases.

DIPHTHERIA also shows an increase over that of January 1917, and is largely due to an epidemic in Essex county, the city of Windsor and town of Walkerville. Windsor report 19 cases and 2 deaths with 21 carrier cases, and Walkerville 13 cases and 2 deaths. In addition to the 13 positive cases reported by Acting Medical Officer of Health, Dr. C. W. Hoare of Walkerville, there were 314 carrier cases reported by the Provincial Epidemiologist, Dr. W. C. Allison, who has been assisting the local Health Authorities for some time in stamping out the outbreak. While the total cases for the Province are 394 as compared with 278 in January 1917, yet the death rate may be considered low being 8.1 in 100.

It will be observed that the number of cases of measles reported are less than in January 1917, being 1013 to 1235 respectively. The city of London where an epidemic exists reported 525 cases, Toronto 334, Woodstock 48, and Galt 31.

WHOOPING COUGH prevails to a greater extent than last year, there being 367 cases and 8 deaths compared with 94 cases and 3 deaths in 1917. The cities reporting the most cases are Hamilton 102, Toronto 72, Windsor 84 and Fort William 47.

INFANTILE PARALYSIS has almost disappeared from the Province, only 4 cases and 2 deaths occurred. 1 death in Shuniah township, 1 death in East Hawkesbury, 1 case each in Rainy River and the town of Orillia.

TUBERCULOSIS. The weekly reports of Local Boards of Health of this disease include only cases and deaths from pulmonary tuberculosis or consumption, and not other tubercular diseases as of infants and children.

COMPARATIVE TABLE

Disease	January, 1918		January, 1917	
	Cases	Deaths	Cases	Deaths
Smallpox.....	79	0	6	0
Scarlet Fever.....	337	7	141	2
Diphtheria.....	394	32	278	19
Measles.....	1,013	3	1,235	2
Whooping Cough.....	367	8	94	3
Tuberculosis.....	187	63	144	70
Typhoid Fever.....	26	7	20	4
Infantile Paralysis.....	4	2	4	0
Cerebro-Spinal Meningitis...	4	3	16	12
	2,411	125	1,938	112

Venereal Disease

THE pamphlets respecting venereal diseases have already been sent to a large number of Medical Officers of Health. The supplies to the remaining ones will go forward as quickly as possible. A couple of dozen copies are enclosed for each of his confreres. Will the Medical Officer of Health please see that these are distributed as promptly as possible to his fellow-practitioners and that *they* are requested to hand copies to such of their patients as they deem advisable. The pamphlets give the following information. An addition to the directions outlined in personal instruction cards also forwarded.

SYPHILIS.

Syphilis or "*Lues*" or the "*Pox*" is a catching germ disease which, *causes untold misery, illness and often death.* It may affect persons of all ages in all walks of life. Any and every organ of the body may be attacked. The skin, mouth, bones, internal organs, brain, spinal cord, nerves, eyes and ears—all may become diseased. Paresis and locomotor ataxia, diseases often worse than death, are caused by it.

The course of syphilis is often treacherous and masked, and years may elapse between the time the disease was contracted and the development of alarming symptoms.

Syphilis may be passed on from parent to child or from an infected infant at the breast, to its nurse. Cases are also known in which the disease has been spread through kissing or through using infected utensils which have been soiled by a person having a syphilitic sore in the mouth. Such utensils are pipes, drinking glasses, tooth brushes, spoons, etc. For this reason one should insist in restaurants, soda fountains, saloons, and all public places in having dry clean glasses and cups and spoons, forks and knives. The washing and the drying kills the germ.

Syphilis most often is caught through sexual connection with prostitutes. All prostitutes, private or public, may have syphilis. Absolutely no reliance can be placed on certificates showing that a prostitute has been examined by a physician who pronounced her free from disease.

Syphilis in the mother causes countless miscarriages and still births. If the child is born alive it is often doomed to die early. Imbecility and idiocy in offspring are often the result of syphilis in the parents.

Syphilis begins with a sore or "chancre" at the point exposed to the disease. Any sore of the sex organs may be a syphilitic sore and often the sore is entirely overlooked. This is especially the case in women. In the early stages of syphilis there is almost always a general rash or breaking out over the body. In the later stages there may be ulcers or sores on any part of the body. If you have any of these, or any sore or ulcer which does not easily heal, consult a physician.

Syphilis very often produces a peculiarly obstinate sore throat. This form of sore throat is highly contagious and great care must be taken by such patients in order to prevent the infection of others.

Syphilis is curable if proper treatment is begun in time and carried out faithfully. The earlier and more persistent the treatment, the more likely is the cure.

Treatment and observation by your physician is always necessary for at least three years and often for a very much longer time, and should under no circumstances be discontinued until pronounced cured.

If you think you have the disease, have your physician get a blood examination (Wassermann Test), which will often settle the matter. Often the diagnosis can be made only by examination of the blood by means of the Wassermann Test. If you cannot afford a private physician, go to a reputable hospital and ask to have a blood examination made.

If you know you have the disease, go to your family physician or to a reputable specialist or to a hospital or dispensary and stick to the treatment they give you.

Never go to an advertising physician and never take patent medicines advertised to cure syphilis. Such treatment is very dangerous and may in the end cost you your life. If you have had the disease, do not consider yourself cured until you have been for a long time free of symptoms

and had repeated negative blood tests. Do not think of marriage until you have been assured by a reputable physician that you may do so. Persons infected with syphilis should abstain from sexual intercourse until the disease is cured.

GONORRHEA.

Gonorrhea or "Clap" is a catching disease due to a germ which causes inflammation of the urethra or of the testicles in the male; of the uterus (womb) or ovaries in the female. It may also affect the eyes, joints and the valves of the heart. When there is gonorrhea of the sex organs, there is first inflammation, then a yellowish discharge, burning urination and pain.

Gonorrhea is most often caused through sexual intercourse with another person who has the disease. Children or other innocent persons may catch gonorrhea from persons who have carelessly dirtied towels or other toilet articles. The eyes of new-born babies may be destroyed if the mother has gonorrhea.

Gonorrhea is a very dangerous disease which often leads to stricture of the urethra which requires operation; to inflammation of the testicles which makes men sterile; to inflammation of the womb or ovaries which makes women incapable of bearing children. Gonorrhea of the womb or ovaries often causes internal abscesses or pus tubes, which sooner or later require a surgical operation.

Gonorrhea of the joints, "Gonorrheal Rheumatism", often makes a person permanently lame.

Gonorrhea is sooner or later caught by every prostitute, and those who consort with these women are always risking infection. Many innocent wives are infected by their husbands who believe themselves cured of an old gonorrhea. Absolutely no reliance can be placed on certificates showing that a prostitute has been examined by a physician who pronounced her free from disease. Often a blood examination is necessary to prove that a man or woman has not gonorrhea.

Contrary to popular belief, it is often very difficult to completely cure gonorrhea. Those with uncured gonorrhea may easily give the disease to others. Often only the most careful examination by a physician and a blood examination will determine if the disease is really cured. Many patent medicines, pills, injections, capsules and pastes are advertised and sold to cure gonorrhea and gleet (Gleet is simply a gonorrhea which has lasted a long time). All of these are dangerous and often make the disease worse. *Never use patent remedies advertised to cure gonorrhea.*

In order to be cured, go to your family physician or a reputable specialist who does not advertise, or to a hospital, and follow the advice given you. If you are not sure that you are cured, have your physician

make a blood examination. *If you have no physician go to the dispensary of a first-class hospital, where you will be given good care and advice.*

ADVERTISING VENEREAL QUACKS.

Most of the newspapers in foreign languages published in this city, and even some of the best daily newspapers publish advertisements of "doctors" calling themselves "'specialists' in treating the diseases of men." In these advertisements are found false and inaccurate statements and promises as the following: "I treat 'blood poison' until cured, for \$10.00"; "Not a dollar need be paid until cured"; "Cure guaranteed"; "Four bottles of this medicine guaranteed to cure syphilis." *Do not go to these lying quack doctors. They want only your money.*

Everyone should know that ordinarily it takes at least three years to cure syphilis. Is it reasonable to suppose that the physician who advertises "Not a dollar need be paid until cured" waits three years until the patient pays him?

It is dangerous to consult any doctor who advertises, either in the daily papers or by means of books given out in the street, that he cures these diseases off-hand.

If you believe you have gonorrhea or syphilis or any disease of the sex organs, and have no private physician, go to a first-class hospital.

They are cured only by the most careful, skilful and prolonged treatment.

For additional copies and further information, apply to Chief Officer, Provincial Board of Health, Toronto.

Editorials

A Federal Department

IT is becoming increasingly more evident that real co-ordination of public health matters in Canada can be accomplished only through a Federal Department with real power to co-operate with the various Provincial Boards of Health and to organize extra-provincial as well as intra-provincial work. Not once, but on at least a dozen occasions within the last two or three years notably in connection with endeavours to deal with the Venereal Disease question, the statement has been made: "this aspect can be dealt with only through Federal legislation". But there is no Federal Health Department with power to attack these questions so nothing is done. Then again in reference to the question of mentally defective aliens there is one man in Canada courageous enough to take his official life in his hands and tell the truth about the situation in reference to immigrants who are of this class. That man is Dr. J. D. Pagé. But no one human being can cope with this great menace; a properly organized staff under a bureau of the Federal Department of Health is needed and should be established forthwith before the end of the war.

Canada is big enough to establish and maintain a Federal Department of Health which will command respect and consideration; and in which politics will play no part; and finally one which would make certain that every Canadian present and future, enjoyed a maximum of good health, reasonable hours of labour, health insurance and other benefits which as citizens of a country of great natural wealth, we are entitled to. Let us for one thing cease manufacturing railway millionaires and in place thereof develop a Federal Department of Public Health.

Standard Methods of Water Analysis

We publish in the current number of *THE JOURNAL* the interim report of the Committee on Standard Methods of Water Analysis. The Committee is to be congratulated on the amount of work done and Mr. Joseph Race, the chairman, is especially to be commended on the zeal he has shown in this work. The value of such guide-posts, as Standard Methods, to younger bacteriologists, is quite considerable and under

the conditions at present existing this is especially true. Except in certain larger centres of population, qualified and experienced bacteriologists are very much needed in Canada at the moment. These methods, the conjoint effort of a number of men of experience, are worthy of the serious consideration of those beginning work in water bacteriology.

The Fight against Venereal Diseases

That the agitation for the better control of venereal diseases is taking concrete form is very obvious. The committee and sub-committee reports of the Advisory Committee on Venereal Diseases for No. 2 Military District represent a great deal of work on the part of a large group of well known Toronto citizens, and again demonstrates the hopeful fact that the average person is always ready to lend active support to plans really making for the common good. The lukewarm "I haven't got time" attitude vanishes when we come face to face with a problem at once appalling in its magnitude and pregnant with possibilities for reform.

Sub-committees on education, laws, quack advertising, women's activities, literature and medical aspects formed in connection with the Advisory Committee reveal both the intricate nature of the problem at issue and the active measures taken to attack it. An idea of the sort of work some of the committees are doing may be gleaned from a perusal of their reports published in the present issue. The work they have done and the work they have in view for the near future is of an essentially constructive character. Continued as energetically as it has commenced, it will have far-reaching results, not only in the enactment of public health legislation in the narrow sense of the word, but in impressing upon the public mind the existence of deep-rooted social factors in the production of the blackest of plagues. Some day people generally will realize that poor wages, poor education, poor houses—the cramped life of poverty in the midst of affluence, render payment to each one of us, affluent and indigent, innocent and guilty, for our short-sightedness in permitting them.

The results of the deliberations of these committees are sure to be important. That a national committee will be formed in the near future is likely, and the resultant comprehensive plan of action should entail a linking up and co-ordination of the activities of local committees. Soon for the first time we will be on the road to the solution of a problem which though ancient and evil, is full of hope for the many who not only begin to realize its extent, but also both the need it emphasizes and the possibilities it holds out for real social reform.

Book Reviews

On the Fringe of the Great Fight, by COL. GEORGE NASMITH, C.M.G. McClelland, Goodchild & Stewart. Price \$1.35.

On the Fringe of the Great Fight, by Col. George Nasmith, is one of the War Books that will be in more and more constant demand from Canadians. As a well written autobiographical account of events and those taking part in them from Valcartier to Ypres it is one of the best yet written. The author takes the reader along by the arm and leisurely tells in a most interesting way what he did and what he saw while over there. While the two chapters on Medical organization at the front are indispensable to all A.M.C. men, and those wishing to understand this important phase of war work, the rest of the book proves of unique interest to Canadians. The viewpoint of the author who is a keen observer is that of a friend, philosopher and guide, and we leave him with regret that the book ends so quickly, and only hope that his first book may not prove to be his last. Every Canadian Library should have on its shelves this delightful personal account, which so thoroughly visualizes for the stay-at-home the great events which took place under the author's observing eye.

G. D. P.

The Mind that Found Itself, by CLIFFORD WHITTINGHAM BEERS. 4th edition, revised and enlarged. Price \$1.50; cloth binding. Longmans, Green & Co., New York.

In September, 1894, a young man entered the University of Yale. In June of the same year a brother had been taken seriously ill with supposed epilepsy, and after a lingering illness of six years, died from what was diagnosed as tumour at the base of the brain. This illness seems to have had a curious effect upon the student brother, who became obsessed with the fear that he would be stricken with epilepsy—a disease which he has never had. During his college course he became decidedly neurasthenic, yet was elected one of the editors of *The Yale Record*, an illustrated humorous bi-weekly, and finally its business manager. He graduated in June, 1897, and went to New York obsessed likewise with the passion for making money. Three years later an attack of "grip" was followed by severe depression, and in June, 1900, the fear of epilepsy turned into the belief of its actuality coupled with suicidal intent. This intent he endeavoured to fulfil by dropping, feet first, however, from a window of the fourth floor of the house where he lived, and the fall, not upon the stone flags, but upon the softer ground,

crushed the bone of one heel, the small bones of both ankles, and gave, of course, considerable shock. The instant he struck the ground, however, the demoniacal dread of epilepsy which had possessed him for six years was dispelled for good. Taken to Grace Hospital, New Haven, he was put in a room across whose window he saw placed several heavy iron bars, which became the occasion if not the cause of a terrible train of illusions which persisted for 798 days. After a month's treatment in the hospital, he remained at home for another month, and was then sent to a private sanatorium, where he spent eight months suffering different degrees of torture under the varying "forms of restraint" in operation there. Leaving the sanatorium not much improved, except in regaining the use of his legs and feet, he spent three months in the home of a former attendant of the sanatorium, but finally, on June 11th, 1901, was committed to a hospital for the insane. During his stay of fourteen months the condition of depression gave way to one of elation, in which appeared, in addition to literary and artistic ambitions, the fervid dream of reforming the mode of treatment accorded patients in asylums throughout the world, and especially unfortunate patients who were active and troublesome. To this class the subject of the story now belonged, and for three weeks he suffered the tortures of the strait-jacket and the padded cell, administered by an assistant physician who possessed more vigour than wisdom. The result was that his brother had him transferred to a state hospital, where, after two weeks, he found himself again transferred to the "violent ward," where he was insufficiently fed and clothed, compelled to breathe vitiated air and live half-frozen in a room without heat in winter time. After four months, but evidently not due to the "treatment" there received, signs of returning sanity were manifest, and he was transferred to one of the best wards, occupied a comfortable and furnished room, allowed to go out of doors and walk even to the business section of the city, of course accompanied by an attendant. On these little journeys he surreptitiously mailed letters which he would not entrust to the doctor, and one of them was to the governor of the state, containing such a description of abuses and brutalities within the state hospital that the governor immediately set about an informal investigation of some of the charges, but nothing further came of it. Finally, after a period of "unlimited parole," the patient was discharged from the state hospital, September 10th, 1903. Returning to New York, he found employment again with the same firm for which he had worked when first he went to New York six years before. In the fall of 1904 a slight illness gave him an opportunity to read some of the world's great books, among them Victor Hugo's "Les Misérables," and Hugo's plea for suffering humanity gave the final impulse for a book on behalf of those afflicted thousands least

able to speak for themselves." To plan a book is one thing, to write it and get the MSS. commended is another, but the end of a winding pathway was finally reached, and "A Mind that Found Itself" is the story. And it is a remarkable story. Mr. Beers possesses not only literary skill, but the surprising wealth of detail from that period of insanity covering nearly three years, retained by a memory which prior to the illness was only ordinary and in some respects poor, seems almost "uncanny." But while this book contains a captivating record of a period of insanity by the sufferer himself after his health had been restored, with minute analysis of delusions, depressions and elations, and the slow pathway back to reason, it shows, secondly, some of the indignities and sufferings undergone by hundreds of patients at the hands of indifferent physicians and brutal attendants, indignities whose poignancy, suffered by Mr. Beers himself, made his pen sharper and mightier than the sword. In showing the lack of adequate scientific treatment for these unfortunates in hospitals for insane, he raised a louder and intenser cry for reform, and that cry, supported by some of the best minds in America, not only procured various lines of reform, but brought about the third thing of which his book is a record, viz., the establishment of a National Committee for Mental Hygiene, and to give an account of the doings of that Committee since 1908 would require an article in itself, but a knowledge of it may be better obtained by reading Part IV of Mr. Beers' wonderful book.

One rises from the perusal of these captivating pages with the impression that even such an affliction as that which overcame Mr. Beers was not "in vain," since results from it aroused the best intellect of America to the need of belated reforms in the study and treatment of mental diseases, and since, further, they aroused so many leading men in American science and philanthropy to frankly and hopefully face the problems of mental hygiene. And the time is surely now ripe when Canadian men of science and philanthropy should gladly commit themselves in these days of service and deathly sacrifice to the same task.

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